

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-weight: bold;">09/934047</div>	Filing Date	
							Applicant(s)		
9-16-04							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
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49									
50									
Total Indep			3						
Total Depend			44						
Total Claims			47						
51									